

Tui Lifecare Limited - Tui

Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Ngā paerewa Health and disability services standard (NZS8134:2021).

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to Manatū Hauora (the Ministry of Health).

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā paerewa Health and disability services standard (NZS8134:2021).

You can view a full copy of the standard on the Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Tui Lifecare Limited
Premises audited:	Tui
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 28 September 2023 End date: 28 September 2023
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	61

Executive summary of the audit

Introduction

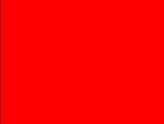
This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā paerewa Health and disability services standard:

- ō tātou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the subsection in each of the sections. The following table provides a key to how the indicators are arrived at.

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some subsections applicable to this service unattained and of moderate or high risk

General overview of the audit

Tui Lifecare (Tui House) provides aged related residential care for rest home and hospital residents, residential disability care and support for ACC clients in independent units, for up to 72 residents.

This surveillance audit was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the service's contract with Te Whatu Ora – Health New Zealand Counties Manukau (Te Whatu Ora Counties Manukau). The audit process included a review of policies and procedures, a review of residents' and staff records, observations and interviews with residents, family/whānau, staff and managers and the general practitioner.

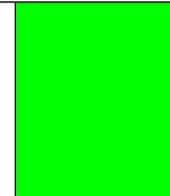
The organisation is governed by a board and a clinical governance team. The service is currently managed by an experienced interim care home manager who is supported by a clinical nurse manager recently appointed to the role.

The residents and families/whānau were pleased with the service, which provides a unique supportive cultural community and welcomes residents of all cultures, diversities and health issues.

There were no findings from the previous audit. However, there were three areas of improvement identified in this surveillance audit. One area related to registered nurse coverage, staff appraisals not being completed and one in relation to the resident interRAI assessments on admission, and the interRAI re-assessments.

Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.



Subsections applicable to this service fully attained.

Policies are in place to ensure residents who identify as Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

Pacific peoples are provided with services that recognise their worldviews and are culturally safe. There are strong links with the community.

Staff understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code). There is a current policy on abuse and neglect. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. Residents' property and finances are respected, and professional boundaries are maintained. Staff are guided by the code of conduct to ensure the environment is safe and free from any form of institutional and/or systemic racism. Informed consent for specific procedures is gained appropriately.

There are processes in place to resolve complaints promptly and effectively with all parties involved. The complaints register is maintained through the support office, with some complaints still open on the day of the audit.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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The quality and risk management systems are focused on service delivery and all aspect of care provided. Internal audits are performed as per the audit schedule for quality improvement. Actual and potential risks are identified and mitigated. Policies and procedures are managed effectively from the organisation's support office. The service complies with statutory and regulatory obligations and meets the contract obligations with Te Whatu Ora Counties Manukau.

All newly employed staff are provided with orientation. Competencies are completed and recorded. An annual staff education plan is developed and implemented including first aid training, and this is recorded.

All employed and contracted health professionals maintain a current annual practising certificate.

Staffing is managed to ensure adequate cover by the care home manager and the clinical nurse manager.

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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Residents are assessed before entry to the service to confirm the level of care required. The nursing team is responsible for the assessment, development, and evaluation of care plans. Care plans are individualised and based on the residents' assessed needs and routines. Interventions are appropriate and evaluated.

There is a medicine management system in place. All medications are reviewed by the general practitioner (GP) every three months. Staff involved in medication administration are assessed as competent to do so.

The food service provides for specific dietary likes and dislikes of the residents. Nutritional requirements were met.

Residents are referred or transferred to other health services as required.

Te aro ki te tangata me te taiao haumaruru | Person-centred and safe environment

<p>Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.</p>		<p>Subsections applicable to this service fully attained.</p>
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The facility meets the needs of residents and was clean and well maintained. There is a current building warrant of fitness displayed in the two houses. Electrical equipment and calibrations are up to date. An equipment inventory is maintained. External

areas are accessible and safe. The environment meets the needs of the diverse range of residents who live in this rest home and hospital.

Te kaupare pokenga me te kaitiakitanga patu huakita | Infection prevention and antimicrobial stewardship

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.

Subsections applicable to this service fully attained.

The service ensures the safety of the residents and of staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. The clinical nurse manager coordinates the programme.

Relevant infection prevention and control education is maintained through orientation and ongoing education. There were sufficient infection prevention resources, including personal protective equipment (PPE), available and readily accessible to support the plan if it is activated.

Surveillance of health care-associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. The infection outbreaks of COVID-19 in January 2022, February 2022, and August 2023 were managed according to Ministry of Health (MoH) guidelines.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

Policies and procedures promote the elimination of restraint. At the time of the audit two residents were using restraint. Education is provided to staff on alternative techniques and how to manage those residents presenting with challenging behaviours.

Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	15	0	1	2	0	0
Criteria	0	46	0	1	2	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Subsection	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Ngā paerewa Health and disability services standard

The following table contains the results of all the subsections assessed by the auditors at this audit. Depending on the services they provide, not all subsections are relevant to all providers and not all subsections are assessed at every audit.

For more information on the standard, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Tui House has a cultural policy and a Te Tiriti o Waitangi policy which was embedded in the organisation's Māori health plan reviewed. Māori residents and staff are provided with support to achieve their aspirations recognising mana motuhake. There were residents who identified as Māori. Staff who identify as Māori are part of the diverse team of staff employed at Tui House.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>Policies and procedures are available to guide staff in the care of Pacific peoples. The provision of equitable services is underpinned by Pacific peoples' worldview policy. Cultural advice is sought from the resident and family/whānau and/or the community at large.</p> <p>Cultural assessments and care plans for residents of each Pacific descent are available to implement. Pacific models of care adopted for each, are clearly documented and implemented.</p>

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>All staff interviewed at the service understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents to follow their wishes. Family/whānau and residents interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service), and confirmed they were provided with opportunities to discuss and clarify their rights.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>All staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement is included in the staff employment agreement. Education on abuse and neglect was provided to staff annually. Residents reported that their property and finances were respected and that professional boundaries were maintained.</p> <p>The clinical nurse manager (CNM) reported that staff are guided by the code of conduct to ensure the environment is safe and free from any form of institutional and/or systemic racism. Whānau members stated that residents were free from any type of discrimination, harassment, physical or sexual abuse or neglect, and were safe. Policies and procedures, such as the harassment, discrimination, and bullying policy, are in place. The policies apply to all staff, contractors, visitors, and residents.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health,</p>	FA	<p>Signed admission agreements were evidenced in the sampled residents' records. Informed consent for specific procedures had been gained appropriately. Resuscitation and service plans were signed by residents who were competent and able to consent, and a medical decision was made by the general practitioner (GP) for residents who were unable to provide consent.</p>

<p>keep well, and live well. As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		
<p>Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support. As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaint/compliment management policy and procedures were clearly documented to guide staff. The process complies with Right 10 of the Code. Staff interviewed stated that they are fully informed about the complaints procedures and where to locate the forms if needed. Family understood that they could make a complaint if needed and/or to make feedback as needed to improve service provision, or to act on behalf of a family/whānau member. The interim care home manager (CHM) is responsible for complaints management and for maintaining the reviewed complaints register. The complaints/compliments register reviewed evidenced that complaints documented in 2022 numbered nine in total, along with four written compliments. The complaints were all closed out in the register. There were four family, three resident, one district health board (DHB) and one complaint with the Health and Disability Advocacy Service. In 2023 there have been ten complaints; eight received from residents and two received from family members. One family complaint received on 12 April 2023, involved the Health and Disability Commissioner (HDC), however this was closed out on 10 May 2023. One additional family HDC complaint received on 30 May 2022 remains open. Response letters dated 25 October 2023 and 8 May 2023 were sighted in the complaints register. One complaint received by Te Whatu Ora Counties Manukau on 24 January 2023, via the Nationwide Health and Advocacy Service, was still in progress. Information had been forwarded as requested on 21 April 2023 and a further request for more information is due to be sent to the HDC office on 19 October 2023. A separate folder is maintained by the interim CHM on the issues being followed up. One coroner's case was reported to Te Whatu Ora Counties Manukau on 25 June 2022. No follow-up was required. In the event of a complaint from a Māori resident or whānau member, the service would seek the assistance of a te reo Māori interpreter if this was</p>

		required. The complaints process was sighted in te reo Māori.
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>New Zealand Aged Care Services Limited owns ten facilities. Tui Lifecare is a rest home and hospital and provides support for accident compensation corporation (ACC) clients in semi-dependent units. Residents are classified as requiring aged-related and non-aged-related (Young Persons with Disabilities – YPD) residential care services. There is a managing director and two additional board members, one whom identifies as Māori. The managing director is currently the interim chair of the board. The board meets monthly and more often as needed. The general manager compliance & quality (GMC&Q) interviewed in person prior to the audit (the managing director was overseas on the day of the audit), explained the roles of the board members and other management staff at the head office. These roles are also highlighted in the Tui Lifecare business plan 2023 – 2024 reviewed. The governance body ensures compliance with legislative, contractual and regulatory requirements.</p> <p>The organisation’s mission statement, statement of purpose and philosophy are clearly documented in the business plan reviewed. There are four main objectives set to achieve during this year through to 2024. Governance is appropriate for the size of this organization.</p> <p>The operations manager/interim care home manager interviewed, reports monthly to the GMC&Q. The GMC&Q reports monthly key performance indicators (KPIs) for benchmarking purposes, which is a new organisational initiative being implemented across all services. The GMC&Q provides support to the operations manager/interim CHM (the previous manager resigned June 2023) and to the clinical nurse manager (CNM) who is new to this role. The CNM was previously a registered nurse (RN) at this facility and has been on maternity leave. Orientation to the CNM role is being provided by the CHM along with support from another CNM from another facility (previously the CNM at this facility), as needed. The interim CHM will be covering this facility until a permanent manager is appointed to the role.</p> <p>The organisation has established a clinical governance board since the previous audit.</p> <p>Training has been provided for the board, including Te Tiriti o Waitangi and health equity training. The CHM and CNM had previously attended training</p>

		<p>on Te Tiriti and health equity. The service provider endeavours to provide equitable services to Māori as documented in policy and aims to reduce any barriers for those residents who identify as Māori. There were a significant number of Māori residents residing at this residential care service. The CNM interviewed has a good relationship with all residents/family/whānau and with local community organisations. Core competencies are completed by all staff as part of the orientation process and education is provided in an ongoing in-service education programme annually.</p> <p>Tui Lifecare provides residential care (ARRC) and has contracts with Te Whatu Ora Counties Manukau for providing rest home, respite care, Whaikaha younger persons disabled (YPD)/long term support chronic health conditions (LTS-CHC) hospital level care. On the day of the audit the total number of beds was 72, of which 61 beds were occupied. This was made up of 15 residents receiving rest home level care, 22 hospital level care, six YPD (four rest home and two hospital level care), seven LTSCHC and ACC 11 receiving services.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes the management of incidents and complaints, internal and external audit activities, monitoring of outcomes, policies and procedures, health and safety reviews, and clinical incident management. The CNM and interim HCM are maintaining the quality and risk system until a manager is appointed. The CHM explained the processes involved. The organisation is currently transitioning to electronic policies and procedures and to a clinical electronic system. This as explained will provide more consistency between all services and for benchmarking purposes.</p> <p>There are a range of internal audits which are undertaken. The schedule for 2023 to 2024 was reviewed; internal audits included infection prevention and control, cleaning and laundry, environmental, care planning, clinical records, and other audits as per the audit schedule reviewed. The service prioritises those related to key aspects of service provision and resident and staff safety. Any issues identified are addressed with corrective action plans reviewed. The staff are informed of any results at the staff meetings.</p> <p>Health and safety systems are implemented. Any internal or external risks</p>

	<p>are identified. There was a current up-to-date hazard register and hazardous substance register.</p> <p>Policies and procedures are reviewed two-yearly by the quality clinical team at head office and authorised by the CMC&Q and dated.</p> <p>The last resident/family/whānau survey was completed on 29 March 2023 and the staff survey on 9 February 2023. The data was collated, analysed, graphed, commented on, and outcomes fed back to staff, residents, and family/whānau at meetings and by newsletter. A core of staff had worked at this facility for some time and mostly positive results were sighted in the feedback.</p> <p>A risk management system policy was reviewed in September 2022 and a risk management plan, (dated 2023 to 2024, had been reviewed. Aims and objectives were clearly documented.</p> <p>The interim CHM and the CM understood the responsibilities for adverse event reporting and complied with statutory and regulatory obligations in relation to essential reporting. Seven Section 31 notifications were sent to HealthCERT and copies were reviewed at audit. When a notifiable event occurs, the GMC&Q is notified and the clinical team head office complete the required documentation and forward this to HealthCERT or any other agency as needed. The CNM receives a copy of the notification. The notifications made to HealthCERT were closely followed through at audit as requested. There were three notifications in 2022 and three in 2023. In 2022 these related to residents absconding from the facility on 14 November and 1 December 2022, and one resident in relation to inappropriate behaviour on 1 December 2022. One stage three pressure injury was reported on 8 March 2023 and one medication error on 27 March 2023. In addition to these notifications, separate section 31 notifications were also submitted for three coroner's cases (all are closed out), and one significant incident which occurred on 12 December 2022. There was one incident reported to HeathCERT from Te Whatu Ora Counties Manukau regarding wound care management; no Section 31 form was sighted at audit. There is one ongoing Section 31 enquiry reported on 22 March 2023 involving two residents and responses are ongoing. An incident form was sighted for this event and a Section 31 notification. The RN shortage has led to regular Section 31 notifications, as the service still has three RN vacancies. These notifications are kept separately by the CM. Two notifications related to the enrolled nurse cover on night duty – refer to CAR 2.3.1. Notifications for the</p>
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		recent change of management roles were completed as per the interim CHM interviewed.
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Moderate</p>	<p>Rosters for the last five weeks were reviewed to determine staffing levels and skill mix to provide clinical services. The service provides staff to cover twenty-four hours a day, seven days a week (24/7). The rosters reviewed were adjusted in response to resident numbers and levels of care, and when residents' needs change. The CHM explained the 'resident acuity score tool' implemented which covers care levels, cognition, diets, mobility, sensory, behaviour that challenges, continence, and comorbidities. The scores are totalled and scored as high dependency numbers, moderate dependency, and minimum score – no dependency. The CHM and CNM cover as and if needed (both have current annual practising certificates), as no bureau staff are employed.</p> <p>A core of care staff had been employed at Tui Lifecare for some time. The service, with the appointment of the CNM, still has three registered nurse vacancies currently. The CNM covers Monday to Friday. The services are provided in three separate buildings – Cecilia House, Tui House and separate outside units. This design is taken into consideration by the CHM and CM when completing the rosters and providing appropriate cover. It is noted that an enrolled nurse or medication-competent level 4 health care assistants (HCAs) cover Cecilia House as needed, with the oversight of the RN in Tui House. These shifts need to be covered appropriately by a registered nurse to meet the agreement obligations of an RN 24/7 cover. A 'roaming relief' RN assists with interRAI re-assessments (refer to CAR 3.2.5). The CHM is actively advertising for staff. The impact of the shortage of RNs is that there were interRAI assessments overdue. Only one RN is interRAI competent. The families/whānau interviewed stated that they were pleased with the care provided.</p> <p>The CHM and CM provide the afterhours on-call. There is a medical team covering 24/7 for the service.</p> <p>The health care assistants (HCAs) have completed all competencies required on employment. There is a total of 41 HCAs, with all having completed recognised New Zealand Qualifications Authority (NZQA) aged-care related courses. Twenty-four HCAs have completed level 4, 11 level 3,</p>

		<p>three level 2 and three level 1. All HCAs have completed competencies such as restraint elimination, infection prevention and control, cultural safety and other competencies. The RNs and level 4 HCAs have completed medicine competencies for administering and/or checking medications as needed. Training has been provided on the 'Stop and watch – early warning tool' implemented after an incident occurred, and this tool is successfully implemented for all staff. Training records are maintained by the CHM and the CM. Further training is planned for October as per the training plan reviewed.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs. Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>PA Low</p>	<p>All employed and contracted registered health professionals have current annual practising certificates (APCs)</p> <p>An orientation and induction programme are implemented, and staff confirmed the programme's usefulness and applicability and felt well supported. Any new health care assistants are 'buddied' to work with a senior HCA for orientation. Time was also spent with the registered nurse/CNM as able. Additional time is provided as required. A checklist is completed. Orientation is signed off by the CNM when completed and a record is maintained in the individual staff member's record. Seven individual staff records were randomly sampled and reviewed. There is always a staff member on duty, who has completed first aid training.</p> <p>Staff performance appraisals were not current as evidenced in the seven staff records reviewed.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Moderate</p>	<p>A total of six residents' files were reviewed. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs. Nursing care is undertaken by appropriately trained and skilled staff including the nursing team and care staff. Cultural assessments were completed by the nursing team in consultation with the residents, and family/whānau/Enduring power of attorney (EPOA). Resident, family/whānau/EPOA, and GP involvement is encouraged in the plan of care. Behaviour management plans identifying triggers and interventions were implemented as required for all residents with behavioural issues. Completed monitoring forms were sighted and the CNM reported that these</p>

	<p>were reviewed, and further referrals initiated if required.</p> <p>The general practitioner (GP) completes the residents' medical admission within the required time frames and conducts medical reviews promptly. Completed medical records were sighted in all files sampled. The GP reported that communication was conducted in a transparent manner, medical input was sought in a timely manner, that medical orders were followed, and care was resident centred. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed six-monthly.</p> <p>The CNM reported that sufficient and appropriate information is shared between the staff at each handover. Interviewed staff stated that they were updated daily regarding each resident's condition. Progress notes were completed on every shift and more often if there were any changes in a resident's condition. Short-term care plans were developed for short-term problems or in the event of any significant change, with appropriate interventions formulated to guide staff. The plans were reviewed weekly or earlier if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve in three weeks. Any change in condition is reported to the registered nurses; this was evidenced in the records sampled. Interviews verified residents and EPOA/whānau/family are included and informed of all changes.</p> <p>There was a current wound management policy with a defined escalation process. Each wound had individual wound assessments and management plans completed. Input from 'virtual' wound specialist nurses was sought as required and evidence of this was sighted in the files reviewed. There was a process for managing files and staff had training around wound management. The GP, interim care home manager and CNM provide oversight on wound management with support from wound care specialists.</p> <p>Where progress was different from expected, the service, in collaboration with the resident or EPOA/whānau/family, responded by initiating changes to the care plan. Where there was a significant change in the resident's condition before the due review date, an interRAI re-assessment was completed. A range of equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs. The EPOA/whānau/family and residents interviewed confirmed their involvement</p>
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		<p>in the evaluation of progress and any resulting changes.</p> <p>There were 26 overdue interRAI re-assessments, and some outcome scores from interRAI assessments were not identified on long-term care plans during regular reviews and detailed interventions developed. These included outcome scores such as falls, nutrition, pressure injury, and behavioural risks.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. Medications are supplied to the facility from a contracted pharmacy. The GP completes three-monthly medication reviews. Indications for use were noted for pro re nata (PRN) medications. Allergies were indicated, and all photos uploaded on the electronic medication management system were current. Eye drops were dated on opening.</p> <p>Medication competencies were current, completed in the last 12 months, for all staff administering medicines. Medication incidents were completed in the event of a drug error and corrective actions were acted upon. A sample of these was reviewed during the audit.</p> <p>There were no expired or unwanted medicines. Expired medicines are returned to the pharmacy promptly. Weekly and six-monthly controlled drug stocktakes were completed as required. There was a process around administering controlled drugs when there was no registered nurse on site. Health care assistants (HCAs) were required to take a photograph of the medication being administered and entry made in the controlled drug register. This was sent electronically to CNM for approval and verification before administration. Monitoring of medicine fridge and medication room temperatures were conducted regularly and deviations from normal were reported and attended to promptly. Records were sighted.</p> <p>The HCA was observed administering medications safely and correctly. Medications were stored safely and securely in the trolley, locked treatment room, and cupboards. These included medicines such as short and long-term insulin.</p> <p>There were residents who were self-administering medication on the day of audit. Appropriate processes were in place to ensure this was managed in a safe manner. There is a self-medication policy in place, and this was</p>

		sighted. There were no standing orders in use.
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The kitchen service complies with current food safety legislation and guidelines. All food and baking were being prepared and cooked on site. There was an approved food control plan which expires on 5 April 2024.</p> <p>Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. Residents are given an option of choosing a menu they want. Residents have a nutrition profile developed on admission which identifies dietary requirements, likes, and dislikes. All alternatives are catered for as required.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Records sampled evidenced that the transfer and discharge planning included risk mitigation and current residents' needs. The discharge plan sampled confirmed that, where required, a referral to other allied health providers to ensure the safety of the resident was completed.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p>	FA	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for purpose.</p> <p>There was a current building warrant of fitness for both Tui House and Cecilia House which are displayed in both facilities and expire on 13 October 2023. Electrical testing and tagging were completed on 7 September 2023. An inventory is maintained by the contracted company of</p>

<p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>all equipment and resources available. Two oxygenators and regulators have recently been replaced due to the checks undertaken. Calibration and checks of all hoists have had annual checks completed and this was recorded separately.</p> <p>Whānau/family interviewed were happy with the environment being suitable for their family member's needs. There was appropriate signage and cultural information on the notice boards for staff and residents to view.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The service has a clearly defined and documented infection prevention and control (IPC) programme implemented that was developed with input from external IPC services. The IPC programme was approved by the quality team and is linked to the quality improvement programme. The IPC programme was current. The IPC policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practices. The IPC policies reflect the requirements of the infection prevention and control standards and include appropriate referencing.</p> <p>Staff have received education in IPC at orientation and through ongoing annual online and face-to-face education sessions. Additional staff education has been provided in response to the COVID-19 pandemic. Education with residents was on an individual basis and as a group in residents' meetings. This included reminders about handwashing and advice about remaining in their room if they are unwell. This was confirmed in interviews with residents.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention</p>	<p>FA</p>	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data, which includes ethnicity data, is collated and action plans are implemented. Health care-associated infections (HAIs) being monitored included infections of the urinary tract, skin, eyes, respiratory and wounds. Surveillance tools are used to collect infection data and standardised surveillance definitions are used.</p> <p>Infection prevention audits were completed including cleaning, laundry, personal protective equipment (PPE), donning and doffing PPE and hand</p>

<p>programme, and with an equity focus.</p>		<p>hygiene. Relevant corrective actions were implemented where required.</p> <p>Staff reported that they are informed of infection rates and regular audit outcomes at staff meetings, and these were sighted in meeting minutes. Records of monthly data sighted confirmed minimal numbers of infections, comparison with the previous month, reason for increase or decrease and action advised. Any new infections are discussed at shift handovers for early interventions to be implemented. Benchmarking is completed with other sister facilities and externally with similar organisations.</p> <p>There were COVID-19 infection outbreaks reported in January 2022, February 2022, and August 2023 since the previous audit. These were managed according to MoH guidelines and protocols.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The CNM and care staff advised that restraint is eliminated whenever possible. The CNM confirmed this is now documented in policy (sighted) and is communicated to staff during orientation and as part of the ongoing education programme. The designated restraint officer is the CNM. Monthly reporting is provided and is discussed at the restraint committee meetings held collaboratively with the health and safety representative and four other staff members. De-escalation training and a competency questionnaire are completed by all staff at orientation/induction at commencement of employment, and this training is repeated annually. Two residents were using a restraint on the day of the audit compared with nine residents who were using restraint at the audit in 2021.</p>

Specific results for criterion where corrective actions are required

Where a subsection is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the subsection. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 My service provider shall embed and enact Te Tiriti o Waitangi within all its work, recognising Māori, and supporting Māori in their aspirations, whatever they are (that is, recognising mana motuhake) relates to subsection 1.1: Pae ora healthy futures in Section 1 Our rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	<p>PA</p> <p>Moderate</p>	<p>Five weeks of rosters were reviewed and provided evidence that skill mix and resident acuity are considered on every shift due to the diversity of residents. Care staff are experienced to assist with added responsibilities as needed, however the rosters reflect regular staff replacements are required to cover absenteeism, both planned and unplanned. Some care staff are completing additional shifts where needed. The CHM is closely observing and monitoring the hours staff complete. There are three RNs, two of whom are managers and two enrolled nurses. The CHM is actively advertising for RNs. The experienced enrolled nurses are covering shifts with the on-call team. The CNM is on call 24/7. Residents and families/whānau interviewed reported that they are pleased with the</p>	<p>The rosters were reviewed. There is still a significant shortage of registered nurses to adequately cover the roster. A registered nurse is required every shift to provide hospital level care and for meeting the service’s contract with Te Whatu Ora. This was currently not effectively achieved.</p>	<p>Ensure further registered nurses are employed to cover the service and to meet the needs of residents and the Te Whatu Ora contract obligations.</p> <p>60 days</p>

		service and care provided.		
<p>Criterion 2.4.5</p> <p>Health care and support workers shall have the opportunity to discuss and review performance at defined intervals.</p>	PA Low	<p>Policies and procedures for human resources management were reviewed. Orientation and induction processes are in place and implemented. Staff performances are not currently being completed in a timely manner annually as per the policies sighted. Seven of seven staff records did not reflect that a formal appraisal had occurred. Staff interviewed stated that they were well supported in their roles.</p>	<p>Performance appraisals were not current or completed annually in the staff records reviewed as per the workforce and structure policies and processes.</p>	<p>Ensure the annual performance appraisals are completed in the timeframe required and a record maintained in the individual staff records.</p> <p>180 days</p>
<p>Criterion 3.2.5</p> <p>Planned review of a person's care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person's care or support plan, which are agreed</p>	PA Moderate	<p>Residents' files sampled identified that initial assessments and initial care plans were resident-centred, and these were completed in a timely manner. InterRAI assessments were completed within 21 days of admission; however, interRAI re-assessments were not completed in a timely manner. There were 26 overdue interRAI re-assessments with timeframes ranging from two (2) to 135 days. Outcome scores from interRAI assessments were not consistently identified on long-term care plans. Long-term and activities care plans were also developed; however, three (3) of these were not reviewed following interRAI re-assessments to consistently reflect residents' daily care needs.</p> <p>The CNM reported that the service was actively working towards completing all overdue interRAI re-assessments despite the registered nurse shortage. The outcome scores not identified on the long-term care</p>	<p>(i) There were (26) overdue InterRAI re-assessments with timeframes ranging from 2 to 135 days.</p> <p>(ii) Outcome scores from interRAI assessments were not being consistently documented, and there were no appropriate interventions to address this.</p> <p>(iii) Three (3) out of six long-term and activities care plans were not reviewed following interRAI reassessments.</p>	<p>Ensure interRAI re-assessments, outcome scores, and care plans are reviewed as per the service's policy and contractual requirements with the local Te Whatu Ora.</p> <p>90 days</p>

<p>collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented; (e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>		<p>plans had the potential of putting the residents at safety risks, for example, falls, nutrition and behavioural risks. The nursing team was being continuously reminded to identify outcome scores on long-term care plans and to develop relevant interventions to address all pertinent problems. Resident, family/whānau/EPOA, and GP involvement was encouraged and expressed satisfaction with care provided.</p>		
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Specific results for criterion where a continuous improvement has been recorded

As well as whole subsections, individual criterion within a subsection can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 relates to subsection 1.1: Pae ora healthy futures in Section 1: Our rights.

If, instead of a table, there is a message “no data to display” then no continuous improvements were recorded as part of this audit.

No data to display

End of the report.